

Policy & Procedure Manual

FEEDING BY GASTROSTOMY TUBE – R-VI-2

POLICY:

Gastrostomy tube feedings are carried out on the order of a Physician by a staff member inserviced in the procedure.

PURPOSE:

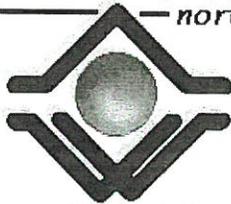
To ensure a safe, consistent manner of providing adequate food and fluid intake on a long-term basis when oral feedings are not tolerated.

EQUIPMENT:

- IV pole
- infusion pump
- disposable feeding set
- tray draped with absorbable pad
- 60 cc. disposable catheter tip syringe
- glass of water
- container of feeding

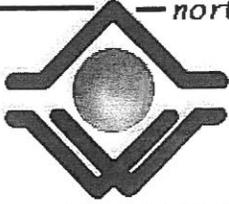
PROCEDURE:

- **FOLLOW INDIVIDUAL GUIDELINES FOR ALL TUBE FEEDINGS.**
- 1. Check the feeding schedule for the type of feeding, amount, frequency, rate of feeding and amount of water to be given.
- 2. Ensure the formula is room temperature to lukewarm to avoid abdominal cramps.
- 3. Explain the procedure to the client.
- 4. Assist the client to an upright position, as close to 60° as possible – if fed in bed, position client on right side if possible to decrease risk of reflux.
- 5. Check the label on the feeding set for the client's name, feeding, amount, rate of flow and date.



A. Foley Catheter Feeding Procedures:

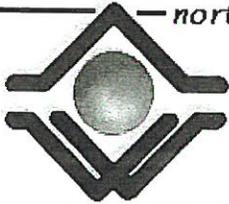
1. Clamp off the feeding set.
Fill the container of the feeding set with the required formula.
Hang the container on the IV pole.
Remove the cover from the distal end of the feeding set.
Place the cover on the tray.
Place the end of the tube in the empty formula container and partially unclamp the tube.
Allow the formula to slowly run through the tube expelling the air.
Clamp off the tube when the formula reaches the end of the tube.
2. Check the stoma site for skin integrity and to ensure the feeding tube is in place.
3. Pinch off the feeding tube.
Remove the plug and place in tray.
Loosen the clamp on the feeding tube (if in use).
Attach the barrel of the 60 cc. syringe to the feeding tube.
Pour the recommended amount of room temperature water into the syringe.
Release the feeding tube and allow the water in the syringe to flow by gravity into the feeding tube until the water level reaches the neck of the syringe.
Pinch off the feeding tube.
Remove the syringe from the feeding tube.
Attach the end of the tube from the feeding set to the feeding tube.
Release the feeding tube.
4. Follow the instructions in the Manufacturer's Operating Instruction Booklet to operate the pump.
5. In case of pump malfunction, disconnect the tubing from the pump and adjust the rotary clamp to provide appropriate rate flow by timed drop method. See Manufacturer's Operation Instruction Booklet for the instructions on timed drop method. Note: Feeding pumps are equipped with battery back-up in case of power failure. Notify the Supervisor if there is a need for repair.
6. Monitor the feeding at regular intervals.
7. Refrigerate and date any unused formula until the next feeding. Open formula kept in the refrigerator must be used within 24 hours.
8. Stop the feeding temporarily if the client becomes uncomfortable, seizures or vomits.



9. The feeding pump will beep and stop when the set amount of formula has been administered. In the timed drop method, the container should empty at the calculated time.
10. Pinch off the feeding tube and disconnect from the feeding set.
11. Flush the tube with water as follows:
 - a) Attach the barrel of the 60 cc. syringe to the feeding tube.
 - b) Pour the recommended amount of room temperature water into the syringe.
 - c) Release the feeding tube and allow the water to flow by gravity into the feeding tube until the water level reaches the neck of the syringe.
 - d) Pinch off the feeding tube.
 - e) Remove the syringe from the feeding tube.
 - f) Reinsert the plug and clamp the feeding tube (if clamp in use).
 - g) Release the feeding tube.
12. To prevent reflux, leave the client elevated at least 60° on their right side if possible or in their wheelchair for 30 minutes following the feeding.
13. Clean and store the feeding set as in "Guidelines for Maintenance of Gastrostomy Tube Feeding Equipment." (See Appendix A)
14. Document any unusual reactions or occurrences.

B. Mic-key Feeding Procedure:

1. Clamp off the feeding set.
Fill the container of the feeding set with the required formula.
Hang the container on the IV pole.
Remove the cover from the distal end of the feeding set.
Place the cover on the tray.
Place the end of the tube in the empty formula container and partially unclamp the tube.
Allow the formula to slowly run through the tube expelling the air.
Clamp off the tube when the formula reaches the end of the tube.
Connect the feeding bag tubing to the pump as per Manufacturer's Operating Instruction Booklet.
2. Check the stoma site for skin integrity and to ensure the feeding tube is in place.
3. Clamp the extension set.
Unclamp Mic-key feeding port cover.
Insert the extension set into the feeding port by aligning the black lines on the extension set and feeding port.



Rotate the extension set clockwise approximately $\frac{3}{4}$ turn until you feel a slight resistance.

DO NOT turn the connector past the stop point.

Attach the barrel of the 60 cc syringe to the feeding extension.

Pour the recommended amount of room temperature water in the syringe.

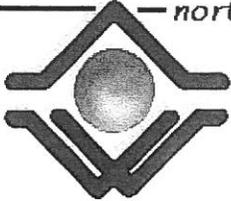
Unclamp the extension set and allow the water in the syringe to flow by gravity into the feeding tube until the water reaches the neck of the syringe.

Clamp the extension set.

Attach the end of the tube from the feeding bag to the extension set.

Unclamp the extension set.

4. Follow the instructions in the Manufacturer's Operating Instruction Booklet to operate the pump.
5. In case of pump malfunction, disconnect the tubing from the pump and adjust the rotary clamp to provide appropriate rate flow by timed drop method. See Manufacturer's Operation Instruction Booklet for the instructions on timed drop method. Note: Feeding pumps are equipped with battery back-up in case of power failure. Notify the Supervisor if there is a need for repair.
6. Monitor the feeding at regular intervals.
7. Refrigerate and date any unused formula until the next feeding. Open formula kept in the refrigerator must be used within 24 hours.
8. Stop the feeding temporarily if the client becomes uncomfortable, seizures or vomits.
9. The feeding pump will beep and stop when the set amount of formula has been administered. In the timed drop method, the container should empty at the calculated time.
10. Clamp the feeding extension set and disconnect feeding bag tube from the mic-key feeding tube.
11. Flush the tube with water as follows:
 - a) Attach the barrel of the 60 cc. syringe to the extension set.
 - b) Pour the recommended amount of room temperature water into the syringe.
 - c) Unclamp the extension set and allow the water to flow by gravity into the feeding tube until the water level reaches the neck of the syringe.
 - d) Clamp the extension set.
 - e) Remove the syringe from the feeding extension set.



Personal Support Services

POLICY: R-VI-2

DEPARTMENT: Personal Support Services

CATEGORY: Health and Well-being - Specialized Procedures

EFFECTIVE DATE: August 2013

SUPERSEDES VERSION DATED: May 2008

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- f) Disconnect the extension set by rotating it counter-clockwise until the black lines on the extension set and feeding port become aligned.
 - g) Gently detach the extension set.
 - h) Cap the mic-key feeding tube securely with the attached feeding port cover.
12. To prevent reflux, leave the client elevated at least 60° on their right side if possible or in their wheelchair for 30 minutes following the feeding.
13. Clean and store the feeding set as in "Guidelines for Maintenance of Gastrostomy Tube Feeding Equipment." (See Appendix A)
14. Document any unusual reactions or occurrences.

RECOMMENDED BY: Director, Personal Support Services

APPENDICES: 1

OPERATIONAL ACCOUNTABILITY: Administration, Personal Support Services
Administration, Personal Support Services

ORIGINAL POLICY DATE: December 1992

AUTHORIZED BY: Executive Director

SIGNATURE:

GUIDELINES FOR MAINTENANCE
OF GASTROSTOMY TUBE FEEDING EQUIPMENT

A. **Infusion Pump**

Each infusion pump shall be left clean and in working order. The pump shall be cleaned every 24 hours (on night shift) and p.r.n.

1. **To Clean the Pump:**

Disconnect it from the electrical socket. Using a soft cloth and warm soapy water, clean the pump housing and rollers, then dry well. Clean the drip sensors with Isopropyl alcohol swabs.

(Prolonged exposure to alcohol, household detergents or strong cleaner can result in damage to the pump housing.)

2. To disinfect the pump, wipe the pump with 10% Isopropyl alcohol and allow it to dry.
3. A malfunctioning pump shall be reported to the supervisor/designate. The defective pump shall be sent for repair.

B. **Tray and Contents**

1. Every 24 hours (on night shift) and p.r.n.:

- (a) Clean the tray with warm soapy water, then dry thoroughly.
- (b) Place a clean cloth on the tray. In the cloth, place:
 - a 60 cc. syringe, disposable
 - a new labeled feeding set with client's name, formula and date
- (c) *For Foley Catheter only: Replace a clean plug in the feeding tube. The used plug shall be soaked using the appropriate disinfectant (see below) then stored in a clean container for further use.

Approved solutions: 1) 1 part Bleach - 10 parts water
2) 1 part Vinegar - 3 parts water

2. Following each feeding and administration of medication:

- (a) Rinse the 60 cc. disposable syringe with warm water, dry the outside of the syringe and store unassembled in the cloth on the tray.

Tray and Contents: cont'd.

- (b) Clean the disposable feeding set as soon as possible after use, using the following instructions:
- Remove the container from the IV pole.
 - Take the feeding set to the designated clean sink and while holding the distal end of the tube so as not to touch anything, half fill the container with warm water. Shake the container to clean the inside surfaces and discard the water.
 - Refill the container with warm water and hold the container high to allow the water to run through the tubing until clear.
 - Shake a small amount of clean water in the drip chamber.
 - Allow all the water to run through the tube into the sink.
 - Dry the outside of the container and tubing with a paper towel.
 - Cover the open end of the tube with the plastic cover.
 - **Never leave the feeding set hanging in sink to drain.**
 - Hang the feeding set on the back of the pump to dry.

C. Gastrostomy Tube

Daily Checks:

1. Assess the client for any discomfort or pain.
2. Assess the stoma site for signs of infection.
3. Clean stoma site with warm water and dry site.
4. Assess the feeding tube for any abnormalities.
5. Flush the feeding tube before and after feedings or medication.
6. Contact physician if there is any unusual redness, irritation, edema, swelling, tenderness, warmth, rashes or gastro-intestinal drainage.

D. Mic-key Specific

Daily:

- Rotate the external bolster 360° plus a quarter turn daily. **DO NOT ROTATE JEJUNAL TUBES**

Monthly:

Check the amount of water in the balloon.

- Draw up 5 ml sterile water in a 10 cc luer-slip syringe.
- Open mic-key feeding port cap.
- Attach an empty luer-slip syringe and slowly pull back on the plunger until all of the water is out of the balloon. Discard syringe.
- Hold the tube, attaché the syringe and fill the balloon with the 5 ml of sterile water drawn up in syringe.

Revised: April 2008

June 2003